

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																			
1 Date of Request: <u>5/18/05</u>		2 Serial/Patent # <u>10-517,210</u>																																	
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/> 1</td></tr> </table>	<input checked="" type="checkbox"/> 1	5 DATE FILED <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center; width: 50px;">12/8/04</td></tr> </table>	12/8/04	6 AMOUNT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center; width: 50px;">\$ 100</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">\$</td></tr> </table>	\$ 100	\$	\$	\$	\$	\$	\$	\$	\$	\$
<input checked="" type="checkbox"/>	Filing																																		
<input type="checkbox"/>	Amendment																																		
<input type="checkbox"/>	Extension of Time																																		
<input type="checkbox"/>	Notice of Appeal/Appeal																																		
<input type="checkbox"/>	Petition																																		
<input type="checkbox"/>	Issue																																		
<input type="checkbox"/>	Cert of Correction/Terminal Disc.																																		
<input type="checkbox"/>	Maintenance																																		
<input type="checkbox"/>	Assignment																																		
<input type="checkbox"/>	Other																																		
<input checked="" type="checkbox"/> 1																																			
12/8/04																																			
\$ 100																																			
\$																																			
\$																																			
\$																																			
\$																																			
\$																																			
\$																																			
\$																																			
\$																																			
\$																																			
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center; width: 50px;">\$ 100</td></tr> </table>		\$ 100																															
\$ 100																																			
10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Overpayment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr><td style="text-align: center;">9</td><td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px; text-align: center;">2</td> <td style="width: 15px; text-align: center;">--</td> <td style="width: 15px; text-align: center;">4</td> <td style="width: 15px; text-align: center;">8</td> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px; text-align: center;">0</td> </tr> </table> </td></tr> </table>		<input checked="" type="checkbox"/>	Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px; text-align: center;">2</td> <td style="width: 15px; text-align: center;">--</td> <td style="width: 15px; text-align: center;">4</td> <td style="width: 15px; text-align: center;">8</td> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px; text-align: center;">0</td> </tr> </table>	0	2	--	4	8	0	0													
<input checked="" type="checkbox"/>	Overpayment																																		
<input type="checkbox"/>	Duplicate Payment																																		
<input type="checkbox"/>	No Fee Due (Explanation):																																		
<input checked="" type="checkbox"/>	Treasury Check																																		
<input checked="" type="checkbox"/>	Credit Deposit A/C #:																																		
9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px; text-align: center;">2</td> <td style="width: 15px; text-align: center;">--</td> <td style="width: 15px; text-align: center;">4</td> <td style="width: 15px; text-align: center;">8</td> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px; text-align: center;">0</td> </tr> </table>	0	2	--	4	8	0	0																											
0	2	--	4	8	0	0																													
11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TYPED/PRINTED NAME: <u>A Johnson</u> SIGNATURE: <u>A Johnson</u> OFFICE: <u>PCT</u> </td> <td style="width: 50%;"> TITLE: <u>Paralegal</u> PHONE: <u>308-9148</u> </td> </tr> </table>				TYPED/PRINTED NAME: <u>A Johnson</u> SIGNATURE: <u>A Johnson</u> OFFICE: <u>PCT</u>	TITLE: <u>Paralegal</u> PHONE: <u>308-9148</u>																														
TYPED/PRINTED NAME: <u>A Johnson</u> SIGNATURE: <u>A Johnson</u> OFFICE: <u>PCT</u>	TITLE: <u>Paralegal</u> PHONE: <u>308-9148</u>																																		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: